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AMENDMENT									Application of Docket Number						
TOTAL CLAIMS FOR NUMBER FILED NUMBER FILED NUMBER EXTRA TOTAL CHARGEABLE CLAIMS TOTAL CHAR									(7 90	6	760	4		
Total															
TOTAL CHARGEABLE CLAIMS	TOTAL CLAIMS			77		1		RAT	E	FEE		RATE	FEE		
MULTIPLE DEPENDENT CLAIM PRESENT	FOR			NUMBER FILED		NUMBER EXTRA		BASIC FEE 355.00		355.00	OR	BASIC FEE	710.00		
NUMBER PRESENTATION OF MULTIPLE DEPENDENT CLAIM NIMUS NUMBER PRESENT EXTRA PRESENT NUMBER PRESENT EXTRA EXTR	TOTAL CHARGEABLE CLAIMS			72 minus 20=		. 2		X\$ 9= ~/5		18:00	OR	X\$18=			
Total Minus Minu	INDEPENDENT CLAIMS			minus 3 =		1		X40=			ll	X80=			
*If the difference in column 1 is less than zero, enter "0" in column 2 **CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) **CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) **CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) **TOTAL #12 - 00 OR TOTAL TIONAL FEE **TOTAL #12 - 00 OR TOTAL TIONAL FEE **ADDI- TIONAL FEE **TOTAL #12 - 00 OR TOTAL TIONAL FEE **ADDI- TIONAL FEE **TOTAL #12 - 00 OR TOTAL TIONAL FEE **TOTAL #135 OR TOTAL TIONAL FEE **TOTAL TI	MULTIPLE DEPENDENT CLAIM PRESENT								 5=	1/0	l I	+270=			
CLAIMS AS AMENDED - PART II	* If the difference in column 1 is less than zero, enter "0" in column 2						olumn 2			417,00	, ,				
Column 1 Column 2 Column 3	CLAIMS AS AMENDED - PART II								-	/13 50		OTHER			
REMAINING							(Column 3)	SMA	\LL		OR	SMALL			
HRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			REMAINING AFTER		NUM PREVI	BER OUSLY		RA	ГЕ	TIONAL		RATE	TIONAL		
HIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	MON	Total	*	Minus	**		=	X\$	9=		OR	X\$18=			
HIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	AMEI			1			=	X40)=		OR	X80=			
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST PRESENTATION OF MULTIPLE DEPENDENT CLAIM Independent Minus Minus	L	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN.	CLAIM		+13	5=		OR	+270=			
Column 1)													TOTAL		
REMAINING AFTER AMENDMENT PAID FOR PREVIOUSLY PAID FOR			(Column 1)	(Column 3)	AUUI1.	rtt			AUUII. FEE						
Independent Minus	DMENT		CLAIMS REMAINING AFTER		HIGH NUM PREVI	HEST IBER OUSLY	PRESENT	RA	ΤE	TIONAL		RATE	TIONAL		
+135		Total	*	Minus	**		=	X\$	9=		OR	X\$18=			
+135	ME		*	<u> </u>	L		=	X4	D=		OR	X80=			
Column 1)	Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+13	5=		1	+270=			
Column 1)									OTAL			TOTAL			
Total * Minus *** = X40= ADDI-TIONAL FEE Independent * Minus *** = X40= OR X80= FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM Total * Minus *** = X40= OR X80= +135= OR +270=	(Calumn 1) (Calumn 2) (Calumn 2)								FEE		10,,	ADDIT. FEE	ii.		
Total * Minus ** = X\$9= OR X\$18= Independent * Minus ** = X40= OR TRESENTATION OF MULTIPLE DEPENDENT CLAIM			CLAIMS HIGH		HIGH	HEST	ST			ADDI-	1		ADDI-		
+135= OR +270=	AMENDMENT C	٠.,	AFTER		PREV	OUSLY		RA ⁻	TE	TIONAL		RATE	TIONAL		
+135= OR +270=			*		**		=	X\$	9=		OR	X\$18=			
+135= OR +270=					<u> </u>	T.O. 411.1	<u> </u>	X40)=		OR	X80=			
									5		1	±270−			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										ł		1		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE											ADDIT. FEE			